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**Montana Department of Public Health and Human Services**

**STRATEGIC NATIONAL STOCKPILE (SNS) PLAN**

**Montana's Plan for Requesting, Receiving, Staging and  
Distributing the Strategic National Stockpile**

**Annex 5: Human Disease and Public Health Emergency Plan  
Appendix \_: DPHHS All Hazard Plan**

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**October 2006**

**Version 5.0**

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**APPROVAL IMPLEMENTATION**

**This plan is hereby approved for implementation and supersedes all previous editions.**

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**Joan Miles**

**Director, Department of Health and Human Services**

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**Date Signed**



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## **Authorities and Reference**

Receiving, Distributing, and Dispensing Strategic National Stockpile Assets: A Guide for Preparedness, Version 10.02 (August 2006)

Reaching Special Populations,” *Crisis & Emergency Risk Communication Pandemic Influenza* by Barbara Reynolds, CDC, Aug.2006

MCA 37-2-104 – Dispensing

MCA 37-2-101 – Dispensing

MCA 10-3-310 – Liability

MCA 10-3-911 – Mutual Aid

MCA 10-3-310 – Mutual Aid

Strategic National Stockpile Website: <https://www.orau.gov/snsnet/>

Homeland Security Exercise and Evaluation Program Website: <https://hseep.dhs.gov/>

## **Scope**

**This is the most recent version of the State Strategic National Stockpile (SNS) Plan and was developed by incorporating the most current guidance from the Centers for Disease Control and Prevention (CDC) commonly referred to as Version 10.02 guidance.**

**This is a state level plan. It is a living document that must be actively maintained and distributed annually to our Local Health Jurisdictions (LHJ) as well as to Tribes. It has been developed with the understanding that locals will develop their own county/tribal level SNS plans while incorporating the guidance and processes developed in this document.**

**The format of this document is consistent in each chapter. The chapters address the same fourteen areas of focus that the Federal Version 10.02 guidance provides. Within each chapter, there are three standard areas that are addressed; Situation, Mission, and Operating Procedures.**

**I. Situation. The situation provides a brief description of what the reader should expect in each focus area, the purpose of the chapter, and what objectives will be covered.**

**II. Mission. The intent of the mission section is to ensure that each area of focus is in line with the overall mission of the state. Unless specified, these are not intended to be local mission statements.**

**III. Operating Procedures. The operating procedures specifically outline the state's SNS plan. This is the most important section of each chapter and contains the important "how to" guidance as well as a baseline of what is expected in local plans.**

## Overview of the SNS Plan

**I. Situation:** The state of Montana has been charged to develop a plan to support Strategic National Stockpile (SNS) activities and to provide guidance to local authorities that will aid in the development of county/tribe SNS plans.

**a. Purpose:** The Strategic National Stockpile's purpose is to provide pharmaceutical and/or medical supplies as well as equipment to the local level in the event of an emergency. This may include events such as a terrorist attack, natural disaster, or industrial accident in which local supplies cannot meet the need of the event.

This plan is not a stand-alone plan, but works in conjunction with the Human Disease and Public Health Emergency Plan, the Emergency Operations Center Guide, and the Risk Communication Plan. This plan is an annex.

**b. Objectives:** The objective of this chapter is to familiarize readers to the components of this document by providing an overview of its contents. The following guidance is intended to summarize the Strategic National Stockpile's (SNS) fourteen areas of focus.

**II. Mission:** Focus areas of the SNS plan support the mission of the SNS program which, in turn, supports the federal mission statement outlined by the CDC.

**a. CDC Mission:** To deliver critical medical assets to the site of a national emergency.

**b. DPHHS Mission:** To receive critical medical assets from the CDC during an emergency, deliver those assets to county and tribal authorities, and provide support to local efforts to dispense medical supplies to the public.

**c. Local Health Jurisdiction Mission:** To receive critical medical assets from the State during an emergency, deliver those assets to designated Points of Dispensing (PODs) or Treatment Centers, and dispense medical supplies to the public.

### III. Operating Procedures:

**a. Fourteen SNS Areas of Focus.** The most recent version of CDC guidance outlines fourteen areas that need attention in a State SNS plan. They are listed below.

**1. Developing an SNS Plan:** The Strategic National Stockpile (SNS) has a variety of resources to respond to a state emergency that requests a large quantity of medical supplies. Depending on the need, options include a generic 12-hour push package, and managed inventory. A 12-hour push package (often shortened to “push package”) refers to a pre-determined set of assets that the Centers for Disease Control and Prevention (CDC) has staged in various cache sites around the country. As the name implies, it can be made available to the state within 12-hours of a request. Managed inventory are assets that either the CDC maintains, or have contracted with vendors for service. The push package and managed inventory are described in more detail in chapter one. Understanding what is available, and who is responsible for each phase of the SNS plan is critical. In this chapter, the state will:

- Delineate state and local responsibilities
- Identify supporting agencies
- Describe what materials are available thru the SNS program

**2. Command and Control:** Both the State and County are responsible for establishing a command and control element for their respective SNS plan. It is important that local planners understand and integrate themselves into the practices of the state SNS plan. In this chapter, the state will:

- Provide information on DPHHS EOC guidelines
- Outline multi-jurisdictional response management.
- Provide guidance and expectations for county/tribe command and control structures

**3. Requesting SNS:** There are two levels of requests that occur during an emergency involving SNS. Regardless of population or location, all public health emergencies occur at the local level. Therefore, the first request is from the county/tribe to the state. This is a necessary step because there is no guarantee an emergency in the state is isolated to one jurisdiction. The state will then analyze the impact and then coordinates with the CDC to request SNS assets. In this chapter, the state will:

- Detail a list of circumstances that may justify SNS deployment.
- Establish individuals who may request the Stockpile.
- Outline the necessary steps to request the Stockpile.
- Provide guidance and for the counties/tribes to request SNS assets.

**4. Managing SNS Operations:** The previously mentioned Command and Control chapter outlines the over-arching command structure for public health emergencies. This chapter determines specific SNS management needs and that include communication, security, Receiving, Staging, and Storage (RSS), distribution, and pre-event training and exercise. In this chapter, the state will:

- Integrate SNS management needs with the State Command and Control functions.
- Assign team members to functional areas
- Provide guidance and expectations for county operations

**5. Tactical Communication:** A robust and redundant communication plan is critical for effective execution of the SNS plan. Communications is a key element in the continual and timely flow of assets in a RSS facility, distribution network, and dispensing sites. In this chapter, the state will:

- Identify available communication methods
- Maintain accurate contact information
- Describe communication security protocol
- Identify communication personnel
- Identify communication needs (Technical Advisory Response Unit (TARU), RSS, Distribution, Points of Dispensing (PODs))

**6. Public Information and Communication (PIC):** Both the state and the local health jurisdictions need to have public information plans. In the large scale SNS events, it is important that public information efforts at the local level and at the state are streamlined with the Joint Information Center (JIC) when distributing information to the public. The ability to effectively inform, educate, and mobilize the public will be critical to the success of any mass treatment effort. In this chapter, the state will:

- Identify partners involved in PIC planning
- Define roles and responsibilities during a health emergency
- Address special population message distribution
- Delineate state\local responsibilities

**7. Security Support:** There are three areas of focus that require elevated security measures. Receiving, Staging, and Storing (RSS) operations, Distribution, and Point of Dispensing Operations (POD). RSS operations and Distributing SNS assets, are the responsibilities of the state. POD operations lay in the local health jurisdictions area of responsibility. Security functions should prevent interruptions in SNS operations by controlling access to key facilities, facilitating vehicle movement if traffic congestion is problematic, controlling crowds waiting at a dispensing site, and protecting staff and volunteers from injury. In this chapter, the state will:

- Define security requirements at the RSS
- Define security requirements during distribution
- Provide guidance for counties and tribes in regards to security measures at PODs

**8. Receiving, Staging, and Storing SNS Assets (RSS):** RSS operations are the responsibility of the state. The intent of RSS operations is to efficiently receive a



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broad spectrum 12-hour push package or a specific managed inventory, stage the material for county/tribe level onward movement, and store non-obligated material until further notice. RSS operations will maintain one hundred percent accountability of material at all time. The ability to effectively and quickly receive and distribute assets to local health jurisdictions is critical. In this chapter, the state will:

- How to determine the RSS sight during an event
- Describe in detail a plan to receive, stage, and store SNS assets
- Outline the responsibilities of RSS staff
- Ensure measures have been taken to meet TARU staff needs

**9. Controlling SNS Inventory:** The purpose of inventory control is to record the receipt, storage location, orders, and all tracking issues associated with local health jurisdiction wants and needs. In this chapter, the state will:

- Outline who is responsible for apportionment
- Detail RSS and distribution control methods
- Introduce and explain the role of the Countermeasure Response Application (CRA)
- List all medical assets that must be returned to the CDC

**10. Repackaging:** There *may* be some bulk items that arrive as part of Managed Inventory that may require the state to repackage. While the likelihood of repackaging is not great, it has not disappeared. In this chapter, the state will:

- Provide a plan in the event that re-packaging is necessary

**11. Distributing SNS Assets:** The state must identify all potential sites that may receive SNS assets. If there are multiple points of distribution in a jurisdiction, the county/tribe assumes the responsibility of further distribution. This chapter will identify the actions necessary to safely and efficiently distribute assets to county and tribal officials in a timely manner. In this chapter, the state will:

- Develop an operational plan that identifies distribution partners, resources, routes, and methods of delivery
- Develop procedures to track dispatched vehicles
- Incorporate inventory control requirements into distribution plans
- Incorporate the tactical communications needs
- Identify each jurisdictions drop point
- Provide guidance to counties/tribes if additional drop points are needed.

**12. Dispensing Oral Medications:** Dispensing is the responsibility of each county/tribe. Typically, dispensing will occur from a POD and is intended to prophylaxis a population. Individuals seeking treatment for an illness should go to a treatment center (i.e., hospital, clinic). In this chapter, the state will:

- Provide guidance on POD facility considerations
- Provide goals and expectations for county/tribe POD operations
- Relay CDC policy and planning considerations
- Provide a template Memorandum of Understanding (MOU) for counties to enter into agreements with facilities in their dispensing campaign
- Provide guidance on who is authorized to dispense medications
- Ensure that counties/tribes are aware of CRA opportunities and describe assistance that is available from the state for inputting patient data
- Explain volunteer opportunities that may assist staff recruitment

**13. Treatment Center Coordination:** Prior to an event needing SNS assets, each county/tribe must identify the treatment facilities in its jurisdiction, their location, and the number of patients it can support. Additionally, local SNS planners need to ensure that health workers and hospital staff work collaboratively when planning SNS response activities. In this chapter, the state will:

- Explain the role treatments centers fulfill in SNS operations
- Introduce additional resources available

**14. Training, Exercise, and Evaluation (TEE):** Training, Exercise, and Evaluation (TEE) is an effective way to ensure that plans written on paper are feasible in a medical emergency. Training is the responsibility of the state as well as the county. However, they should always work in concert with one another. In this chapter, the state will:

- Describe state level training events, timeframes, and expectations
- Provide guidance for county level training events, timeframes, and expectations

**b. Coordinating Instructions.** In order to ensure that the most current and useful information is available at the local level, the following steps will be taken annually.

1. The Montana SNS Coordinator will annually review federal guidance and incorporate changes into this document.

2. The Montana SNS Coordinator will afford locals the opportunity to comment on the revised plan. This will be done with the intent that if a county or tribe is in need of additional guidance, they will have a formal avenue to request additional support from the state.

3. An updated and revised state SNS plan will be provided to each county and tribe by November 30<sup>th</sup> of each year.

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4. Counties/Tribes will be given a six month time frame to update local plans with the states updated SNS plan. Local SNS plans will be provided to the state SNS coordinator by May 31<sup>st</sup> of each year.

## Chapter 1

# Developing an SNS Plan

**I. Situation:** A comprehensive Strategic National Stockpile (SNS) plan is essential to facilitate the receipt, distribution, and dispensing of SNS assets quickly and efficiently. However, the planning process does not end with this document. Thorough dissemination of the plan, coordination of resources, execution of agreements, training, and other activities must continue. Planning is never finished and will evolve as new information becomes available and situations change.

**a. Purpose:** The Strategic National Stockpile has a variety of resources to respond to a state emergency that requests a large quantity of medical supplies. Depending on the need, options include a generic 12-hour push package, and managed inventory. Understanding what is available, and who is responsible for each phase of the SNS plan is critical.

**b. Objectives:** In this chapter, the state will:

- Delineate state and local responsibilities
- Identify supporting agencies
- Describe what materials are available thru the SNS program

## II. Mission:

**a. Mission when Developing an SNS Plan:** The state has define the roles of key players involved in the development and execution of the SNS plan and provide information on what methods are available to respond to an event.

**b. SNS Mission:** To receive critical medical assets from the CDC during an emergency, deliver those assets to county and tribal authorities, and provide support to local efforts to dispense medical supplies to the general population.

## III. Operating Procedures

**a. Responsibilities:** In addition to the state developing a comprehensive SNS plan, each county and tribe is responsible for the development of their own SNS plan. State and local plans should work in concert with each other and not depend on the resources of neighboring jurisdictions. It is necessary for each county and tribe to know its own capabilities in the event outside help is not readily available. Therefore each health jurisdiction must develop a plan with their specific resources, personnel, and

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population base in mind. The below activities should be addressed in state and local plans. An emphasis should be placed on the items underlined.

Activity	Include in	
	State Plan	Local Plans
Command and Control	X	X
Requesting SNS	X	X
Managing SNS Operations	X	X
Tactical Communication	X	X
Public Information	X	X
Security Support	X	X
RSS	<u>X</u>	
Inventory Management	X	X
Repackaging	X	
Distributing Assets	<u>X</u>	X
Dispensing Oral Medication		<u>X</u>
Treatment Center Coordination		X
Training, Evaluation, Exercise	X	X

**b. Roles of Coordinating Agencies:** The agencies listed below have a supporting role in SNS operations. The roles and responsibilities listed do not supersede any other agencies' emergency responsibilities. Nothing in this chapter should be construed as independent or as bypassing regular emergency management procedures. The state will annually update and review all memorandums of agreements (MOUs) with each agency (See appendix C).

**1. Montana Department of Military Affairs.**

**- Disaster and Emergency Services:**

- A.** Coordinates declarations of a State of Emergency or a Presidential Declaration.
- B.** Activates and operates the State Emergency Coordinating Center (SECC).
- C.** Coordinates with the Department of Homeland Security and the Federal Emergency Management Agency (FEMA).

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- D.** Oversees the development of the State Emergency Coordination Plan and ensures continuity with the National Response Plan.

**- Army/Air National Guard:**

- A.** If available, will assist with RSS security and situational dependent security threats
- B.** If available, will provide support personnel to the state as required or requested.

**2. Montana Department of Justice:**

**- Montana Highway Patrol: Lead Security Agency**

- A.** If available and necessary, provide security escorts for distribution vehicles.
- B.** If requested and available, provide additional law enforcement resources to local law enforcement in support of SNS operations.
- C.** Provide a site security plan for RSS facilities.
- D.** Coordinate with SNS Coordinator to develop criteria for LHJ to use when developing security plans with their local law enforcement.

**3. Montana Department of Transportation:**

**- Maintenance Division:**

- A.** Assist in identifying and arranging for utilization of all modes of transportation that may support the delivery of SNS material to Local Health Jurisdictions.

**4. Montana Department of Revenue:**

**- Liquor Control Division:**

- A.** Annually review and update Memorandum of Agreement to provide support for a Receiving, Staging, and Storing (RSS) facility.

**5. Montana Department of Labor and Industry:**

- Maintain a professional licensing system that is able to verify licenses pre-event
- Perform license checks on individuals during an event.

**6. Montana Board of Pharmacy:**

- Coordinate with the state medical officer and SNS Coordinator to determine guidelines for dispensing during an SNS event.

**7. U.S. Department of Health and Human Service:**

**- Centers for Disease Control and Prevention:**

- A.** Maintains the inventory of the Strategic National Stockpile
- B.** Will provide a Technical Advisory Response Unit (TARU) upon request of SNS materials. This team is comprised of logisticians and SNS operations experts who will be available to advise the state and local authorities on receiving, distributing, dispensing, apportioning, replenishing, and recovering SNS material.
- C.** The TARU requires transportation support by the state of Montana. There may be as many as 7 TARU members and 128 cubic feet of equipment. DPHHS EOC logistics will coordinate movement and will designate an individual to pick up the team at the airport. The EOC will accommodate up to two TARU liaisons at the DPHHS EOC. The remaining team will be transported to the RSS site.

**c. Planning Group:** DPHHS will coordinate an annual meeting with coordinating agencies and will provide updates to the SNS plan. Coordinating agencies will be asked to recognize that they are aware of the SNS plan by signing a letter of understanding after each annual meeting. Minutes will accompany the letter. (Appendix C).

**d. Legal Issues:** In order to establish statewide consistency, the following guidance is intended to clarify some of the legal issues that may arise during an emergency.

**1. Standing Orders.** The local Medical Officer is authorized to issue standing orders and protocols for dispensing sites. However, if a local order is not in place the State Medical Officer has developed a standing order to prescribe medications for individuals at a Point of Dispensing (POD) site during a mass prophylaxis event. This order will include only those jurisdictions that do not have orders in place.

**2. Authority to Dispense.** During an event that the State Medical Officer has determined there is a need to use the Strategic National Stockpile medical assets for prophylaxis purposes, the following authority will go into effect. Criteria was shared with the MT Board of Pharmacy and will be reviewed annually.

- As per MCA 37-2-104 a medical practitioner may furnish a patient any drug during an emergency. Additionally, the furnishing of drugs by a medical practitioner will only be conducted in special incidents requiring the Strategic National Stockpile and is not a usual course of doing business. Therefore, all licensed medical practitioners who have a relationship with dispensing medications are potential candidates to dispense at a POD.

- A “medical practitioner” is defined in MCA 37-2-101 and means any person licensed by the state of Montana to engage in the practice of medicine, dentistry, osteopathy, podiatry, optometry, or a nursing specialty and is in the licensed practice to administer or prescribe drugs.

- Local Health Jurisdictions will ultimately decide eligibility to dispense as long as it does not supersede the above guidance.

**3. Liability.** As per MCA 10-3-310, the Governor may authorize the incurring of liabilities and expenses to be paid as other claims against the state from the general fund, in the amount necessary, upon activation of the incident response portion of the state disaster and emergency plan. **Money may not be used to reimburse a local government from incident response costs incurred by that local government.** DPHHS is working to clarify liability and workers compensation issues for volunteers and will be included in future revisions of this document.

- Each county/tribe will ensure that lists of volunteers are provided to their local EOC. The State EOC must ensure that a list of all volunteers providing service to state functions is maintained as well.

**5. Procurement of Private Property.** The state will ensure that MOUs are in place pre-event with RSS facilities in order to avoid private property procurement issues. Each LHJ and tribal authority is expected to do the same with local PODs.

**e. Policy Issues:** In order to establish statewide consistency, the following guidance is intended to clarify some of the policy issues that may arise during an emergency.

**1. Doses.** The number of doses that an individual will be allowed to pick up will be determined at the time of the event based on availability. However, if medication availability is not an impeding issue, each individual over the age of 18 may pick up as many as five doses of medication, unless their immediate family is greater than 5 minors. In such an event, medication for all family members can be picked up. The names of recipients of the medication will be collected at each POD along with the name of the person picking up the medication.

**2. Identification Requirements.** Individuals picking up medication for others must have a picture ID to determine that they are over 18 years of age. Proof of



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citizenship is not required. Local plans need to emphasize that medicines should be picked up in an individual's county/tribe of residence whenever possible. However, consideration must be given to those unable to receive treatment from their jurisdiction of residence such as university students or tourists.

**3. Badging at PODs.** Badging at PODs will be standard across the state. Along with the shipment of SNS supplies allotted to each jurisdiction, a shipment of badging materials will be included. Any badging standards that a county/tribe wishes to establish above and beyond the DPHHS requirements remains at the local/tribal health jurisdictions discretion. DPHHS requirements are as follows:

- A picture ID will be worn in a clear lanyard or shirt clip (included in shipment of supplies from the DPHHS)
- The reverse will hold medical pocket license if applicable (staff must bring with them)
- For ease of recognition, a red dot sticker will be placed on the front of the badge to identify those who are authorized to dispense medications (included in shipment of supplies from DPHHS)

**4. Tribal Agreements.** All SNS planning is developed with the understanding that the state will provide SNS materials to each Tribe. However, if a Tribe prefers to coordinate SNS activities with an overlapping county they may, as long as steps are taken pre-event to coordinate for service.

**5. Law Enforcement Rules of Engagement.** Each POD is required to work with local law enforcement authorities to develop a security plan for the facility. LHJ will take into account traffic flow, crowd management, physical security concerns, and what steps will be taken in the event of a riot or unruly population. It is at the discretion of the local law enforcement whether the facility would need an officer on site, or procedures on how to contact help if needed (i.e. dial 9-1-1).

**f. SNS Materials:** The Strategic National Stockpile (SNS) has a variety of resources to respond to a state emergency requiring large quantity of medical supplies. Options include generic a 12-hour push packages, or managed inventory (MI). Depending on the nature of the emergency, either one or a combination of assets may be requested.

**1. 12-Hour Push Package:** Push packages are caches of pharmaceuticals, antidotes, and medical supplies designed to provide rapid delivery of a broad spectrum of assets for an ill defined threat in the early hours of an event. Push packages are positioned in strategically located, secure warehouses ready for immediate deployment to a designated site within 12 hours of the federal decision to deploy SNS assets. A sample inventory can be found in appendix G.

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**2. Managed Inventory (MI):** Managed Inventory (MI) is a palletized stockpile of pharmaceuticals, medical supplies and equipment for use in large scale emergencies. Normally, it can be sent within 24 – 36 hours after the approval for deployment. The form, packaging, and method of delivery can vary widely depending on the situation. If the agent is well defined, MI can be tailored to provide pharmaceuticals, supplies and/or products specific to the suspected or confirmed agent(s). In this case, the MI could act as the first option for immediate response from the SNS Program.

**3. Field Medical Stations (FMS).** The CDC SNS program maintains a FMS cache that can be deployed through the same channels as the request for SNS assets. FMS is designed to respond to potential shortfalls in all-hazards mass casualty care. There are three modules that have enough supplies and medicine to treat 250 people for up to three days.

**- Basic Support Module**

- A. Contains supplies for administrative, food supply, housekeeping, first aid, quarantine, basic medical, and pediatric needs. Is available in 5 bed sets of 50 beds, with bedding, and bed packs/personal hygiene.

**- Treatment Module**

- A. Contains medical/surgical items, primary care, special needs, and non-acute care supplies.

**- Pharmacy Module**

- A. Contains Pharmaceuticals, prophylaxis, and special medications.

## Chapter 2

### Command and Control

**I. Situation:** Responding to an event with Strategic National Stockpile (SNS) assets will be somewhat different from other emergency operations because the material being dispensed may need special care and must be handled appropriately. However, assets are still moving to a site where the citizenry can receive them. To receive, distribute, and dispense efficiently, all personnel involved in the response must understand how their organization interacts with the State's Command and Control element. That element is the Public Health Emergency Operations Center (EOC).

**a. Purpose:** Both the State and County are responsible for establishing a command and control element to their respective SNS plan. It is important that local planners understand and integrate themselves into the practices of the state SNS plan.

**b. Objectives:** In this chapter, the state will:

- Provide information on EOC guidelines
- Outline multi-jurisdictional response management.
- Provide guidance and expectations for county command and control structures

#### II. Mission:

**a. Command and Control Mission:** The State will provide resource apportionment and incident facilitation across single and multi-jurisdictional public health events in order to maintain control of an event that justifies SNS assets.

**b. SNS Mission:** To receive critical medical assets from the CDC during an emergency, deliver those assets to county and tribal authorities, and provide support to local efforts to dispense medical supplies to the general population.

#### III. Operating Procedures:

**a. EOC Operations:** The State has developed an Emergency Operations Center Guide that provides procedures and protocols for incident management. This will be the guiding document for Command and Control functions of the EOC.

**b. Multi-Jurisdictional Response Management:** Much thought has been given to the management of events that cross county and tribal jurisdictional boundaries. While locals are encouraged to engage in mutual aid agreements with neighboring jurisdictions,

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ultimate control and distribution of SNS assets is a state responsibility. Therefore, any event requiring SNS that crosses a jurisdictional boundary must be coordinated thru the EOC. Justification for this decision is base on the following criteria:

1. Each county/tribe is required to have a stand-alone SNS plan in the event of a catastrophic event. It is necessary for each county and tribe to understand its own capabilities in the event outside help is not readily available. Therefore each health jurisdiction must develop a plan with their specific resources, personnel, and population base in mind.

2. The specifics of an event requiring the Strategic National Stockpile are unknown. Therefore, the ability for a jurisdiction to maintain operations within their boundaries *and* support multiple additional jurisdictions may not be practical.

3. The state works closely with local EOCs and with the Disaster and Emergency Services (DES) State Emergency Coordination Center (SECC) in order to maintain the accuracy of available resources statewide. Because of this, the state will be able to determine the best use of resources based on a broader scope of the situation.

**c. Incident Commander.** Typically, the incident commander will be the Public Health and Safety Division Administrator. Contact information with alternate can be found in appendix B.

**d. Apportionment.** Apportionment is the allocation of supplies to each local and tribal health jurisdiction and is the responsibility of the DPHHS EOC. A sample apportionment table can be found in Appendix M. An electronic copy will be maintained with the SNS plan.

## Chapter 3

### Requesting the SNS

#### I. Situation

**a. Purpose:** There are two steps in the process to request Strategic National Stockpile (SNS) assets. Regardless of population or location, all public health emergencies occur at the local level. Therefore, the first request is from the county/tribe to the state. This is a necessary step because there is no guarantee an emergency in the state is isolated to one jurisdiction. Second, the state will analyze the impact and then coordinate with the Centers for Disease Control and Prevention (CDC) to request the Stockpile.

**b. Objectives:** In this chapter, the state will:

- Detail a list of circumstances that may justify SNS deployment.
- Establish individuals who may request the Stockpile.
- Outline the necessary steps to request the Stockpile.
- Provide guidance and for the counties to request SNS assets.

#### II. Mission:

**a. Requesting Mission:** The State has outlined procedures for processing SNS requests from Counties/Tribes, publish criteria that justify a request, and outline the necessary steps to request release of SNS assets from the CDC.

**b. SNS Mission:** To receive critical medical assets from the CDC during an emergency, deliver those assets to county and tribal authorities, and provide support to local efforts to dispense medical supplies to the general population.

**III. Operating Procedures:** Unless it is an immediate, catastrophic event, a public health emergency will likely emerge over an extended period of time. State and local health officials may know there is a *concern* before it is fully recognized as an *emergency*.

a. The following list is an **example** of possible events to consider that may justify requesting the SNS. It is not intended to be all inclusive. Additionally, if local or state resources are sufficient for the event, SNS assets will not be requested.

##### 1. SNS EVENT Justification

- A chemical, biological, radiological, nuclear, or explosive event
- A medical emergency brought on by a natural disaster

### CHAPTER 3: Requesting the SNS

- Indications from intelligence or law enforcement of a likely attack
- Clinical or epidemiological indications such as:
  - Large number of ill persons with similar disease or syndrome
  - Large number of unexplained disease, syndrome, or death
  - Unusual illness in a population
  - Higher than normal morbidity and mortality from a common disease or syndrome
  - Failure of a common disease to respond to usual therapy
  - Single case of a disease from an uncommon agent
  - Multiple unusual or unexplained disease entities in the same patient
  - Similar genetic type in agents isolated from temporarily or spatially distinct sources
  - Unusual, genetically engineered, or antiquated strain of the agent
  - Endemic disease or unexplained increase in incidence
  - Simultaneous cluster of similar illness in non-contiguous area
  - Atypical aerosol, food, or water transmission
  - Deaths or illness among animals that precedes or accompanies human death
- Unexplained increases in emergency medical service requests
- Unexplained increases in antibiotic prescriptions or over-the-counter medication use

**b. Authorization:** Only the Governor, or his designee, is authorized to request the deployment of SNS assets by calling the CDC Director's Emergency Operations Center (DEOC) listed in appendix B. A list of authorized designees can be found in appendix E.

**c. Necessary Steps to Release the SNS:** Event type and resource needs ultimately dictate release of the SNS. The steps below outline procedures for requesting the SNS beginning with a sudden recognized problem at the local level. Figure 3.1 depicts the flow of events.

*Note: If the event has slowly evolved over time and DPHHS has been involved in the situation as it progresses, request procedures will begin with step 4 below. Additionally, procedures will start with step 4 in the event that DPHHS recognizes a statewide problem before an individual county is aware of a larger problem.*

Step 1. Local officials discuss the threat or emergency within the jurisdiction and have determined that the need for medical supplies exceeds local resources.

### CHAPTER 3: Requesting the SNS

Step 2. Local officials contact their Disaster and Emergency Service (DES) coordinator and submit a request for resources. Confirm the location for supplies to be delivered and notify the DES SECC.

Step 3. The DES SECC will contact the State Duty Officer who will contact the Emergency Preparedness Section Staff via the SNS Alert Roster in Appendix B.

Step 4. Upon notification or recognition of a concern, the DPHHS staff involved will alert the DPHHS Incident Command Advisory Group (ICAG) as soon as possible.

- At this time, the ICAG will decide upon the activation of the DPHHS EOC.

- A meeting will be organized by the ICAG, which should include local officials, DES, the Director of DPHHS, State Medical Officer, CDC project manager for Montana, and any additional key operational players deemed necessary by the event.

Step 5. If the ICAG decides that the incident meets the event justification guidelines outlined previously in this chapter, the DPHHS Director or designee will make a formal request to the Governor's office to request SNS assets.

- Time is the most critical factor in requesting the SNS. Therefore it must be recognized that all stakeholders may not be included in the decision to request the SNS.

- At this point, a decision must be made on the Receiving, Staging, and Storing (RSS) location for the Stockpile. Considerations can be found in Chapter 8 of this document.

Step 6. Upon consensus from the state level meeting, the Governor or his designee may request the Stockpile by calling the CDC Director's Emergency Operations Center (DEOC). The number can be found in appendix B.

Step 7. The SNS Coordinator will initiate the SNS Management Operations outlined in Chapter 4 of this document.

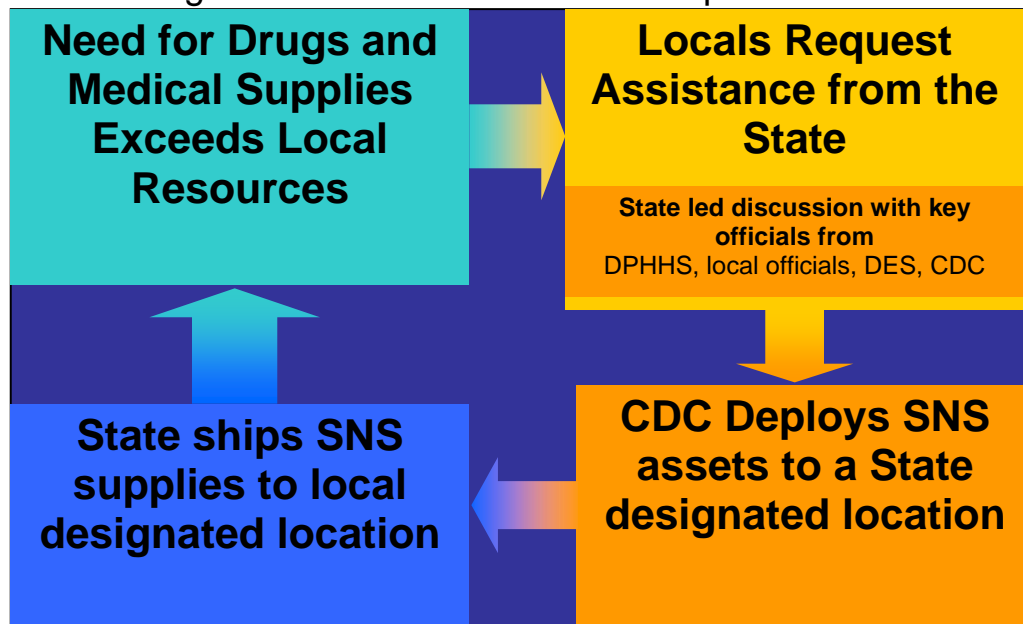
- Once the request has been made, SNS operations will proceed under the assumptions that the request will be approved at the Federal level until told otherwise.

Step 8. The State will Receive, Stage, and Store the Stockpile and then deliver the requested inventory to the County/Tribal designated drop point as outlined in Chapters 8 and 11 of this document.

Step 9. The DPHHS EOC Incident Commander will request materials for re-supply, by contacting the CDC Director's EOC.

Step 10. Locals are able to request re-supply by informing their local EOC. Local EOCs will then combine all requests and notify the DPHHS EOC.

Figure 3.1 - State SNS Asset Request Flow





**d. County/Tribe Steps to Release the SNS:** Local SNS plans are encouraged to include a customized process in their local plans for requesting SNS materials thru the state. Figure 3.2 below is intended to provide a sample request process that can be easily modified to meet the needs of the jurisdiction. It is highly encouraged that methodical steps are created in order to eliminate confusion during a crisis.

Figure 3.2 – Scenario for County/Tribal SNS Asset Request Flow



## Chapter 4

# Managing SNS Operations

**I. Situation:** There are many tasks involved in Strategic National Stockpile Operations. In order to effectively manage the wide variety of responsibilities the state must ensure that a team of trained individuals are prepared to respond to an event. The role that the team member plays in SNS operations should match closely with their everyday job in order to reduce confusion during an event and to keep team members trained. An example would be to assign a warehouse manager as a Receiving Staging and Storage (RSS) lead, or coordinate with the Montana Highway Patrol for security assistance.

**a. Purpose.** The previously mentioned Command and Control chapter (Ch. 2) outlines the over-arching command structure for public health emergencies. This chapter determines specific SNS management needs and that include communication, security, Receive, Stage, and Store (RSS), distribution, and pre-event training and exercise.

**b. Objectives:** In this chapter, the state will:

- Integrate SNS management needs with the State Command and Control functions.
- Assign team members to functional areas
- Provide guidance and expectations for county operations

## II. Mission:

**a. SNS Management Mission:** To maintain control over all SNS operations by ensuring that personnel are assigned to management roles that best fit their skills and that a clear relationship is established between SNS management the DPHHS EOC.

**b. SNS Mission:** To receive critical medical assets from the CDC during an emergency, deliver those assets to county and tribal authorities, and provide support to local efforts to dispense medical supplies to the general population.

**III. Operating Procedures:** An SNS management team will be established at both the state and the local level. These procedures outline how the *state* team will be structured and can be modified for use at the local level if desired.

**a. Interfacing with the DPHHS Emergency Operations Center (EOC).** SNS Operations is one of many operational arms of the DPHHS EOC. Many of the support functions that the SNS Management team requires will be fulfilled by the EOC. Chapter 8 describes how multiple support functions of the RSS interface with the EOC.

**1. SNS Operations Chief.** The SNS Operations Chief is located at the DPHHS Emergency Operations Center. He is there to answer all SNS questions that are fielded from the local health jurisdictions EOC's. Additionally, he disseminates local SNS needs to the SNS Manager and keeps the DPHHS EOC informed of SNS issues. The SNS Operations Chief will also receive input, feedback, and status reports from the SNS manager.

**2. SNS Manager.** The SNS Manager is typically the State SNS Coordinator and is almost always located at the RSS facility. However, like all members of the management team, their location may change based on the event. The SNS Manager oversees RSS operations, security concerns, distribution, and tactical communications that are vital to SNS operations.

**3. County/Tribe EOC.** When at all possible, county and tribal operations should interface with their local EOC. In doing so, information should be streamlined when arriving at the DPHHS EOC.

**4. Technical Advisory Response Unit (TARU).** The CDC's Technical Advisory Response Unit will usually be located at the RSS facility. The TARU and SNS Manager work closely together, however, requests for support is fielded thru the SNS Operations Chief.

**5. Warehouse Manager.** When at all possible, the state will try to use a functioning warehouse as its RSS facility. In doing so, the natural fit for a RSS warehouse manager is the existing manager of the warehouse. The Warehouse Manager provides status reports to the SNS Manager and can expect to receive guidance thru the same channel.

**6. Security.** The security function of the SNS management team is responsible for ensuring that proper badging is in effect at the RSS facility, notifying the SNS Manager if there are any noticeable security concerns in or around the facility, and to gather road condition reports prior to vehicles departing on their distribution routes. This individual will ensure that the RSS facility has limited access and that all personnel are signed in on an ICS form 211.

**7. Distribution.** The location of the distribution lead will largely depend on which distribution method is chosen to fulfill the SNS mission. All efforts will be given to trying to use existing transportation or distribution partners. The distribution lead is responsible for tracking all vehicle dispatch, movement, and status. The Distribution lead will provide status reports to the SNS manager and can expect to receive guidance thru the same channel.

**8. Tactical Communications.** The Tactical Communications Lead is usually located at the DPHHS EOC with a representative at the RSS facility along with

one Mobile Incident Management Unit (MIMU) and ensures that the communication needs of the TARU, Management Team, and Inventory Control are met.

**b. Assigned SNS Management Team:** Individuals assigned to the SNS management team can be found in appendix B. When at all possible, names should be three deep. The state will update their team roster quarterly and ask that local health jurisdictions include their management structure by name in their local SNS plan.

Figure 4-1 illustrates how SNS operations fit in the DPHHS EOC Incident Command Structure.

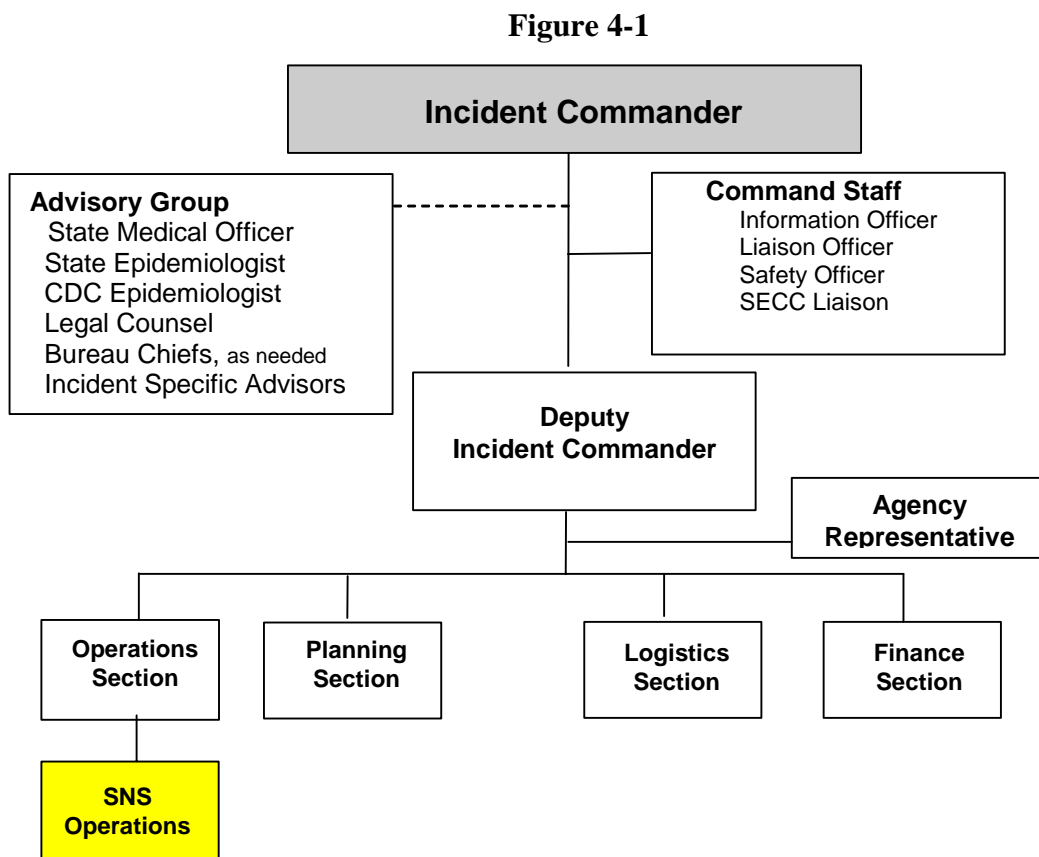
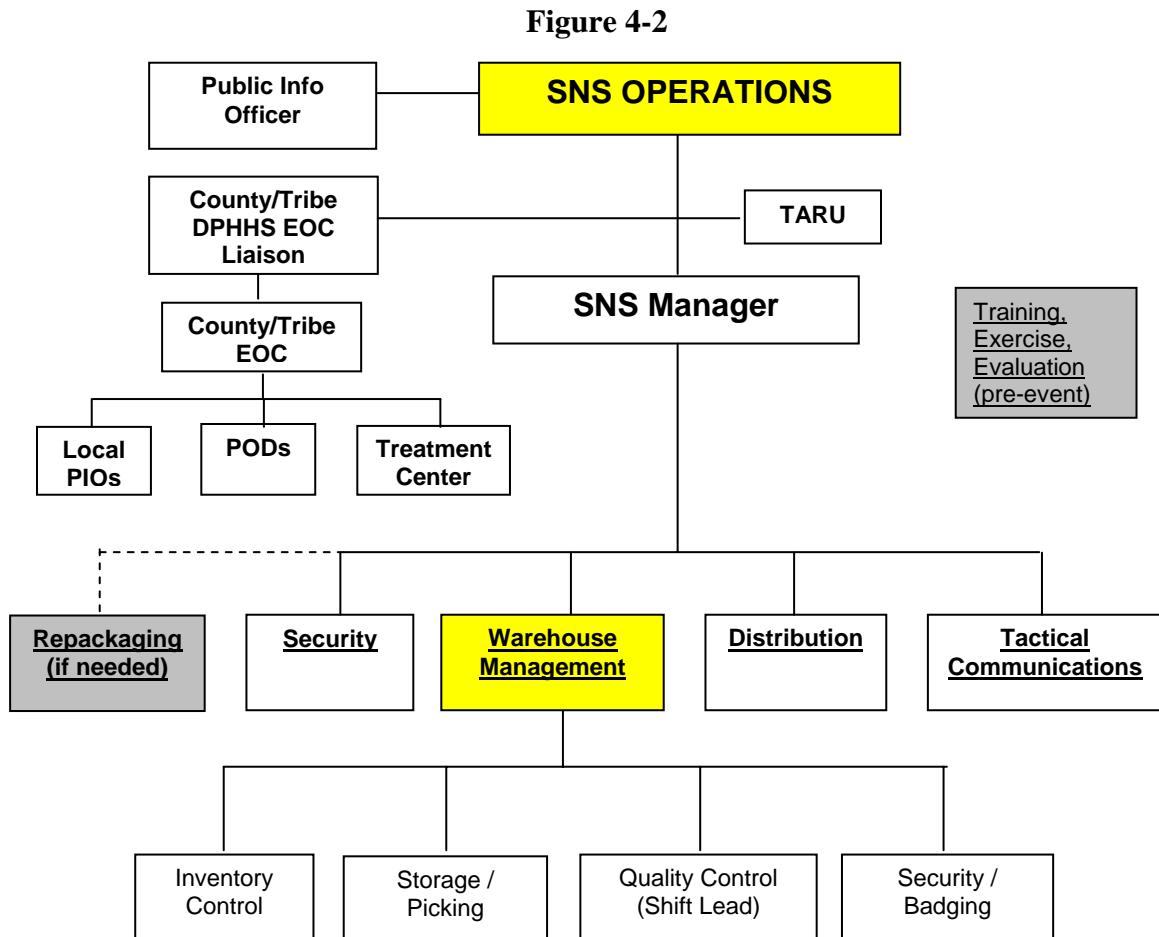


Figure 4-2 illustrates how the SNS management team is structured as a subset of the SNS Operations branch of the EOC Incident Command Structure. It is important to remember that the SNS management structure can be scaled up, down, or even modified based on the event.



## Chapter 5

# Tactical Communication

**I. Situation:** A situation large enough to require Strategic National Stockpile (SNS) assets may interrupt everyday communication methods. All primary means of communication must be backed up with a redundant source specific to SNS operations.

**a. Purpose:** A robust and redundant communication plan is critical for effective execution of the SNS plan. Communications is a key element in the continual and timely flow of assets in a Receiving, Staging, Storage (RSS) facility, distribution network, and dispensing sites.

**b. Objectives:** In this chapter, the state will:

- Identify available communication methods
- Maintain accurate contact information
- Describe communication security protocol
- Identify communication personnel
- Identify communication needs (Technical Advisory Response Unit (TARU), Receiving, Staging, Storage (RSS), Distribution, Points of Dispensing (PODs)).

## II. Mission:

**a. Tactical Communication Mission:** To ensure that SNS operations will be supported by a reliable tactical communications network and ensure that contact information accurate.

**b. SNS Mission:** To receive critical medical assets from the CDC during an emergency, deliver those assets to county and tribal authorities, and provide support to local efforts to dispense medical supplies to the general population.

## III. Operating Procedures.

**a. Available Communication Methods:** The most common communication methods include land-line and cell phones, fax, Internet, portable and stationary radios, and satellite phones. DPHHS maintains a Mobile Information Management Unit (MIMU) that is designated to support operations at the states Receiving, Staging, and Storage (RSS) facility.

## CHAPTER 5: Tactical Communication

Additionally, the simplest communications method can often be the most effective. Examples include paper forms and reports, deliveries by drivers, law enforcement personnel, or even couriers on foot or bicycles. These basic methods may be the only available options depending on the complexity of an event. The state, as well as counties/tribes, also maintains a Health Alert Network (HAN) system. The HAN system is designed to communicate important information to local health partners.

**b. Communication Maintenance Plan:** Equipment in the DPHHS Emergency Operations Center (EOC) and other DPHHS communications systems will be maintained by the informatics section. A test of equipment and hardware between the DPHHS EOC and the Disaster and Emergency Services (DES) State Emergency Coordinating Center (SECC) will be conducted and documented quarterly (Appendix P).

**c. Accurate Contact Information:** The state will review and update the critical contact information in appendix B quarterly. This list contains essential phone numbers, e-mail addresses, radio frequencies, and will be maintained by the SNS Coordinator.

**d. Communications Security:** It is not likely that an encrypted, secure communication system will be needed. Caution users that conversations on two-way radios are often picked up and may reveal information that could potentially hinder SNS operations.

**e. Communication Personnel:** The state has an existing Health Alert Network and staff that support its function. In the event of a public health emergency, the HAN network is able to quickly alert local health jurisdictions of threats in their area. Staff is available for technical advice for communication devices. The state SNS Coordinator is charged with maintaining the accuracy of SNS contacts lists and ensuring they are reviewed quarterly.

**f. Communication Needs.** In order to successfully carry out an SNS mission, it is critical to identify as many communications needs as possible prior to the event. Below is a basic list of communication requirements for several functions.

**1. Technical Advisory Response Unit (TARU):** The state is responsible for meeting the communication needs of the TARU who will typically be located at the state RSS facility. The TARU will bring all of its communication devices but will need support with the following:

- 3 analog phone lines with long distance capability
- Power outlets (6 plugs)
- 2 two-way radios
- High Speed Internet
- Ability to set up a satellite phone with outside antenna facing skyward in a southeasterly direction

**2. Receiving, Staging, and Storage (RSS) site:**

- 2 to 3 laptops
- 1 phone with phone line
- Internet connectivity

**3. Distribution:** DPHHS policy recommends that every distribution vehicle and distribution dispatcher should have a cell phone or two-way radio. However, if the preferred distribution partner has existing procedures for maintaining communication with their delivery assets, this plan will not supersede their policy.

**4. PODs:** Choosing a POD location is a local responsibility. At a minimum, each site should have one phone and one fax line. Local plans need to consider the best methods to internally communicate with their staff and county/tribal level ICS structure.

**g. Communications Flow Chart.** A communications flow chart can be found in appendix Q.



## Chapter 6

### Public Information

**I. Situation:** When SNS assets are deployed there may be the added challenge of mobilizing the public to obtain prophylactic medications in a short period of time and adhere to a treatment regimen. Similar Public Information and Communication (PIC) challenges would accompany emergencies requiring mass vaccination, quarantine, movement restrictions, shelter-in-place, and mass evacuations.

**a. Purpose** Both the state and the local health jurisdictions need to have public information plans. In the large scale SNS events, it is important that public information efforts at the local level and at the state are coordinated with the Joint Information Center (JIC) when disseminating information to the public. The ability to effectively inform, educate, and mobilize the public will be critical to the success of any mass treatment effort.

**b. Objectives:** In this chapter, the state will:

- Explain the integration of SNS Public Information Campaigns with the DPHHS Emergency Public Communications Plan
- Identify Public Information Partners
- Identify Training Gaps at the state and local level
- Provide locals with Public Information planning guidance
- Provide locals with standardized templates and dispensing messages

### II. Mission:

**a. Public Information Mission:** To inform, educate, and communicate emergency public health situations to the public through a consistent and controlled network of communication.

**b. SNS Mission:** To receive critical medical assets from the CDC during an emergency, deliver those assets to county and tribal authorities, and provide support to local efforts to dispense medical supplies to the general population.

### III. Operating Procedures:

**a. DPHHS Emergency Public Communication Plan:** The DPHHS Public Communication Plan has been developed with the flexibility to absorb the broad public health response needs that may be associated with an SNS event. The Emergency Public Communication Plan details the operations of the DPHHS Emergency Information Center. In this plan, the DPHHS Public Information and Communication (PIC) Team is

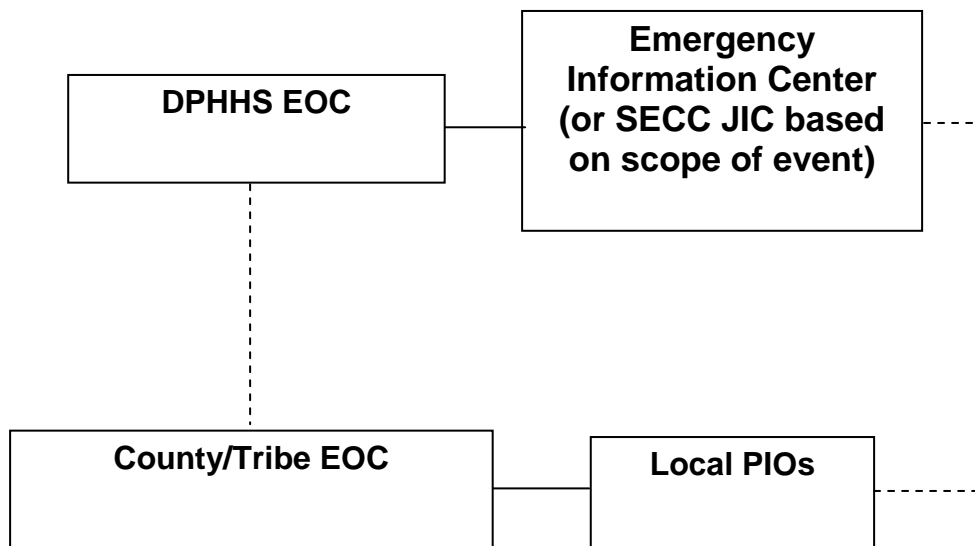
## CHAPTER 6: Public Information

mobilized under the Incident Command System (ICS). The Emergency Public Communication Plan is an annex of the DPHHS All Hazards Plan and lists the DPHHS PIC members.

DPHHS will activate its Emergency Information Center in the event of a significant public health or human service emergency or any extraordinary situation in which the demand for public information escalates beyond the day-to-day capacity. The Emergency Information Center may be activated to support the DPHHS Emergency Operations Center (EOC), or it may be activated on its own.

The Emergency Information Center (EIC) is the primary tool the Department will use to keep the public informed during an actual or perceived public health or human service crisis. It will use every appropriate channel to disseminate information, including but not limited to 1) the media; 2) the Department Web site; 3) the Montana Health Alert Network (HAN); 4) partners and stakeholders; and 5) a public hotline.

Should the scope of the event require DPHHS PIOs to participate in a State Joint Information Center (JIC) with PIOs from other state agencies, DPHHS PIOs will move to the JIC under the State Emergency Coordinating Center (SECC).



**b. Emergency Information Center Responsibilities.** The role of the Emergency Information Center is to provide complete, accurate, timely, consistent, and credible information to the media and public, taking into consideration the unique customs and needs of Montana’s diverse population. Primary responsibilities include:

CHAPTER 6: Public Information

**1. Gather incident data:** Obtain verified, up-to-date information from appropriate sources, including subject-matter experts within the Department, the Incident Commander, and staff of the Emergency Operations Center (EOC)

**2. Inform the public:** Serve as the source of accurate and comprehensive information about the incident, taking into account the unique needs of diverse audiences, such as the elderly, people with disabilities, American Indians, non-English-speaking residents, schools, institutions, and individuals in rural communities who cannot be reached by mass communication

**3. Analyze public perceptions of the response:** Employ techniques for getting feedback in order to 1) stop rumors and correct misinformation in a timely fashion and 2) provide response agencies with insight into community information needs, their expectations for the role to be played by the response agencies, and the lessons to be learned from specific response efforts

**4. Share information with partners and stakeholders:** Communicate with designated public information counterparts in the Governor's Office, other state agencies, local and tribal health jurisdictions, and medical centers

**c. Local PIO contact information and training:** Local and Tribal contacts can be found in Appendix B. Local Health Jurisdictions must review and update contact quarterly. Also, PIO training will be offered annually for local counterparts.

**d. Local SNS Public Information and Communication plans:** Local & Tribal Health Jurisdictions' All Hazards plan should include an Emergency Public Communications annex broad enough to encompass potential SNS requirements. Local plans should include:

1. Local methods on how to inform people to get to, and go through a POD.
2. A description of established media relationships. (such as relevant media outlet contact information, type of media outlet, etc.)
3. Alternate methods for disseminating public information in the event of electrical outages
4. Methods to disseminate information to special/vulnerable populations, including rural populations that are not served by 24/7 broadcast media, and/or will be unable to receive public health emergency messages through mass communication channels

**e. SNS State and Local Communications Messages and Materials:** State and local communications messages and materials will likely be required if SNS assets are deployed. Designated PIOs for Local and Tribal health jurisdictions will need

more specific communications materials, developed in coordination with the state in order ensure message consistency. State Dispensing Messages and guidance for Local Dispensing Messages are being developed and will be added to appendix R. DPHHS will provide SNS dispensing messages and guidance to local and tribal health jurisdictions on:

1. Pre-event preparedness
2. Directing people to the dispensing sites, using county of residence when possible
3. Informing people about alternative dispensing methods, (for example, pushing medicines to a large business)
4. Helping people navigate the dispensing sites, (for example, providing POD videos to news stations or physically helping individuals navigate)
5. Providing information to people once they leave the dispensing sites
6. Follow up messaging to ensure medication compliance
7. Information on Category A agents
8. Information on medications used for prophylaxis and treatment

**f. SNS Templates and Materials:** The state will provide guidance, templates and materials to Local and Tribal Health Jurisdictions. (Materials are being developed and will be included in appendix R). During an event of crisis, electronic versions will also be posted on the virtual Training & Communication Center (TCC) under shared statewide PIO materials. Additionally, DPHHS is working to establish bulk printing contracts that will allow DPHHS to distribute bulk PIC materials with SNS assets. Materials will be produced on the following subjects:

**1. Agent-Specific Materials (State Produced)**

- Fact sheets on the agent, including its threat to the public and its potential for being contagious;
- Information about who should be concerned about exposure to the agent;
- Signs and symptoms of exposure;
- Who should seek preventive treatment at dispensing sites and who should seek symptomatic treatment at treatment centers;
- What an individual should do if exposed to the agent.

**2. Points of Dispensing Sites and Treatment Locations (Locally produced with state guidance found in appendix R)**

- Instructions on accessing appropriate dispensing sites or treatment locations;
- Description of the dispensing process;
- Forms of identifications needed;
- How to pick up medication for family members;
- How individuals in special populations may access sites
- Information about alternative dispensing sites
- Information videos for mass media use to instruct the public how to proceed at dispensing sites

### **3. Drugs to Be Dispensed (State Produced)**

- Reasons for using particular medications or for changing drug regimens;
- Considerations of cultural and ethnic sensitivities when providing information;
- Importance of taking medication as directed;
- Dangers of overmedicating;
- Dangers to self and society if medication regimens are not strictly adhered to.
- Children: weight, age, health information drug allergies, current medications;
- Adults: health information, drug allergies, current medications;

### **4. Additional Considerations**

- When possible, communications materials should be developed in advance of an incident;
- Use of hotlines, websites, or blogs should be encouraged for consistent message delivery;
- Development of information should be coordinated through the SNS PIO/ Operations Manager

**g. Special Populations:** Every public health emergency has specific characteristics that will challenge the work of public information and health-risk education professionals. The obligation for communication professionals is to balance limited communication resources with the unique communication needs of special populations so that this segment of the community, in addition to the overall public, has reasonable and timely access to meaningful information to help protect themselves and their families. (“Reaching Special Populations,” *Crisis & Emergency Risk Communication Pandemic Influenza* by Barbara Reynolds, CDC, Aug.2006)

Using the Emergency Public Communication Plan, the state will provide guidance to locals on special/vulnerable populations including:

1. Identification of special/vulnerable populations
2. Development of alternate methods for disseminating information to special/vulnerable populations
3. Development of materials that is easy to read and have been translated into top languages in the community

**e. Methods of disseminating information:** The state provides guidance to locals on methods of disseminating information (*To be developed and included in appendix R*) including:

1. News media
2. Alternate methods of dissemination in case of:
  - Power outage

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- Special populations who cannot receive initial emergency public information through mass media, i.e. in rural areas without 24/7 broadcast media,
  - Tourists or migrant communities who speak another language
3. Health Care Providers in accordance with HAN protocols

## Chapter 7

# Security Support

**I. Situation:** A large scale public health event may produce casualties, widespread anxiety, fear, and possible panic. The arrival of Strategic National Stockpile (SNS) assets may be newsworthy, which may make it a focus point for individuals too impatient to wait for medications or treatment. As a result, the SNS assets require protection.

**a. Purpose:** There are three areas of focus that require elevated security measures; (1) Receiving, Staging, and Storing (RSS) operations, (2) Distribution, and (3) Point of Dispensing Operations (POD). RSS operations and Distributing SNS assets, are the responsibilities of the state. POD operations lay in the local health jurisdictions area of responsibility. Security functions should prevent interruptions in SNS operations by controlling access to key facilities, facilitating vehicle movement if traffic congestion is problematic, controlling crowds waiting at a dispensing site, and protecting staff and volunteers from injury.

**b. Objectives:** In this chapter, the state will:

- Define security requirements at the RSS
- Define security requirements during distribution
- Provide guidance for counties and tribes in regards to security measures at PODs

## II. Mission:

**a. Mission:** Provide security for SNS assets as they are received from the CDC and distributed to Local Health Jurisdictions, as well as guidance for local authorities when developing their POD security plans.

**b. Overall Mission:** To receive critical medical assets from the CDC during an emergency, deliver those assets to county and tribal authorities, and provide support to local efforts to dispense medical supplies to the general population.

**III. Operating Procedures:** If a situation dictates the deployment of a 12-hour push package, U.S. Marshals will deploy with the Technical Advisory Response Unit (TARU). The marshals are responsible for protecting the TARU members and the SNS assets. Accountability of the inventory begins when the state designee signs for control of the SNS material. This will typically take place at the RSS site. However, once the SNS assets physically arrive in Montana, the state assumes responsibility for the security of

the material. If the material is driven into the state by the CDC, assistance will be needed from the Montana Highway Patrol (MHP) to ensure the security of the material once it crosses the state line. If the SNS assets are flown into the state, (MHP) assistance will be needed to safeguard the assets from the airport, to the designated RSS facility.

**a. Security at the RSS:** DPHHS will ensure that all RSS facilities have a security assessment performed annually by the Montana Highway Patrol. Security assessments must be documented and can be found in appendix O. Security assessment will include a vulnerability assessment, review of interior and exterior physical security, access control points, security communications, and guidance on how to respond to security breaches. In addition to performing a security assessment, the MHP will provide suggestions to mitigate any problems that are identified.

1. DPHHS will annually review its security plan with the U.S. Marshals Service.
2. All individuals entering the RSS will be required to enter and exit thru a single entrance. The RSS security lead is responsible for operating a badging checkpoint at the door. A sample badge can be found in appendix F.
3. At this checkpoint, all personnel entering the facility will be required to sign in on an Incident Check-In List which is an ICS Form 211. Some helpful ICS forms can be found in appendix L.
4. Unauthorized individuals will be asked to leave the facility. If crowds form or if individuals are unwilling to depart when requested, SNS management and law enforcement will be notified if deemed fit.
5. The location of the chosen RSS facility will not be released to the public or media.
6. Each RSS facility should have a primary and alternate evacuation route in the event disorderly persons assemble and disrupt operations. See Chapter 8 for more on RSS operations.

**b. Security in Distribution.** Security measures in distribution can be helpful when attempting to alleviate traffic congestion. However, it is important for state and local planners to keep the demographics, and geography of Montana in mind when planning for distribution security.

1. The state will ensure that all vehicle movements have a cell phone, satellite phone, or radio contact with the dispatch coordinator. Movement problems should be reported immediately to the dispatch coordinator and reported to the SNS management team. A Mobile Incident Management Unit (MIMU) will operate from the RSS location and will ensure communication connectivity with the DPHHS Emergency Operations Center (EOC) and distribution vehicles. In the event a distribution partner is



## CHAPTER 7: Security Support

chosen that has procedures in place to coordinate vehicle movement, this plan will not supersede their procedures.

2. Similar to the responsibility of the state to safeguard SNS assets as it crosses the state line, county and tribes may be responsible for providing an escort from their jurisdictional line to their drop point. This should only occur if the situation deems necessary. If resources allow, the state will coordinate for each distribution vehicle to be escorted by the MHP. Often times, it may be more effective to transport material in a fashion that does not draw attention to the distribution vehicle.

3. The local health jurisdiction assumes responsibility of safeguarding the SNS material once it has been delivered to the local drop point. Each county/tribe is responsible for coordinating for the security of any additional movement within the jurisdiction.

**c. POD Security Considerations:** Each county and tribe will ensure that all POD facilities have a security assessment performed by local law enforcement. Security assessments must be documented and can be found in appendix O.

1. Local plans should consider the following:

- Vulnerability assessment
- Interior/Exterior physical security
- Security communication
- Security breaches
- Traffic control for vehicles
- Crowd control (orderly movement thru the POD)
- Protection of staff, equipment, and assets
- Controlled entry into the POD
- Badging staff and volunteers

2. While uniformed law enforcement is ideal for security, keep in mind that the situation may warrant their presents elsewhere. T-Shirt security armed with a two-way radio is a technique for locals to keep in mind when planning security for PODs.

3. For security reasons, the receiving area of the POD should be kept out of direct site of the public. Delivery of SNS assets cannot be left unaccompanied outside. A lockable, temperature controlled storage area is preferred for material that is not staged on the POD floor for immediate use.

**d. Treatment Centers.** Treatment centers will be asked to verify with their local health departments that they have security plans in place for their facility.

**e. Badging.** POD and RSS badging will be standard across the state and can be found in appendix F.

## Chapter 8

### Receiving, Staging, and Storing (RSS) Assets

**I. Situation:** In the event of a public health emergency, DPHHS will need to identify a Receiving, Staging, and Storage (RSS) facility that will best meet the demands of the situation. Preferably, the facility chosen for this role will be a functioning warehouse capable of transitioning easily to an SNS warehouse. However, if the situation deems that an unused facility will best meet the needs of the response, activation of the site will require more effort and resources.

**a. Purpose:** RSS operations are the responsibility of the state. The intent of RSS operations is to efficiently receive a broad spectrum 12-hour push package or a specific managed inventory. Material will be staged for county/tribe level onward movement, or, non-obligated material will be stored until further notice. RSS operations will maintain one hundred percent accountability of material at all time. The ability to effectively and quickly receive and distribute assets to local health jurisdictions is critical.

**b. Objectives:** In this chapter, the state will:

- How to determine the best RSS sight during an event
- Describe in detail its plan to receive, stage, and store SNS assets
- Outline the responsibilities of RSS staff
- Ensure measures have been taken to meet TARU staff needs

#### II. Mission

**a. RSS Mission:** The State of Montana will Receive, Stage, and Store (RSS) critical medical equipment in the event of a statewide emergency.

**b. SNS Mission:** To receive critical medical assets from the CDC during and emergency, deliver those assets to county and tribal authorities, and provide support to local efforts to dispense medical supplies to the general population.

**III. Operating Procedures:** At all times, the state will have an agreement with at least one primary Receiving, Staging, and Storing (RSS) facility and an alternate RSS facility. When possible, DPHHS will work with existing warehouse facilities, staff, material handling equipment, and inventory control methods.

#### a. Planning Assumptions

- Any event necessitating deployment of SNS materials will affect Montana from multiple local jurisdictions.

CHAPTER 8: Receiving, Staging, and Storing (RSS) Assets

- Memorandums of understanding (MOUs) will be honored
- Surface movement on roadways may be restricted at times
- The State Emergency Communication Center (SECC) and the DPHHS Emergency Operations Center will be activated.
- Trained personnel will be available.

**b. Supporting Agencies**

- DPHHS EOC general staff – planning, logistics, and finance support
- DPHHS EOC command staff – public information, security/safety
- Disaster and Emergency Services – Multi-Agency Coordination Center
- Department of Transportation – Vehicle and communication support
- MT Highway Patrol – Security support

**c. Facilities and Assets Available**

<u>Helena</u>		<u>Billings</u>
<u>Primary Site A</u>	<u>Alternate Site B</u>	<u>Alternate Site C</u>
3 staff	15 Staff	0 staff – Can Hire
3 tractor trailers	0 tractor trailers	0 tractor trailers
5 loading docks	7 loading docks	0 loading docks
1 dock ramp	0 dock ramps	0 dock ramp
3 forklifts	5 forklifts	5 forklifts
4 pallet jacks	6 pallet jacks	5 pallet jacks
50,000 sf main	85,693 sf main	150,000 sf; 3 buildings
1,800 sf refrigerator	0 sf refrigerator	100 sf refrigerator
3,612 sf freezer	0 sf freezer	0 sf freezer
TARU loft	TARU loft	TARU loft
3 phone lines	3 + phone lines	multiple phone lines
T-1 Internet	Internet	Internet

**d. Key Obstacles**

**1. Time:** The goal of local officials is to comply with a City Readiness Initiative (CRI) which requires prophylaxis of the entire jurisdiction within 48 hours of requesting SNS support. Efficient RSS operations effect local CRI goals.

**2. Weather:** Weather in Montana ranges on average from 28 degrees in January to 85 degrees in July. However extended periods of extreme weather is not uncommon. Winter months can bring temperatures well below zero and summer months can top out over one hundred degrees Fahrenheit. Consequently it is important to store pharmaceuticals in a temperature controlled atmosphere. Based on the event and conditions the state will develop guidance for the local health jurisdictions on what care must be taken when receiving distributing, and dispensing medical materials.

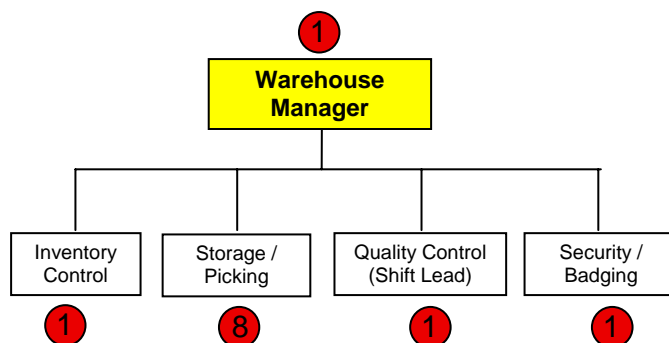
**e. Concept of the Operation.** RSS Operations will occur in five phases; pre-request, receiving, storage (put-away), staging (picking), and recovery.

**1. Phase One: Pre-request.**

- Prior to requesting SNS inventory, the state will enter into a memorandum of understanding with the multiple facilities that can Receive, Stage, and Store (RSS) the SNS package. See appendix C for current Memorandums of Understanding (MOUs).

- RSS Operations will occur 24 hours a day, and will require twelve personnel per shift (Figure 8-1) in addition to SNS staff. However, if an existing warehouse is chosen for RSS operations, these procedures will not supersede existing operating procedures of the warehouse. A call down roster to activate an RSS facility must always be current (see appendix B).

**Figure 8-1**  
**RSS Team per shift – 12 Total**



- A standard shift-change brief will be conducted at the beginning and end of each shift. (see appendix H for format).

- The state will maintain a supply box of warehouse material that will be pre-staged. (see appendix H for container contents)

**2. Phase Two: Receiving.**

- When requesting SNS assets, the SNS Manager will confer with state officials at the DPHHS Emergency Operations Center and they will jointly determine the best location for the SNS material to arrive. Weather, distance to the effected area, distribution of assets, security, staffing, and facility limitations will be taken into consideration.

- The SNS Manager will notify the RSS operations lead and they will initiate the RSS call down roster. At a minimum, staff will be given a location, time to arrive, and a reminder to bring identification. Upon arrival, the SNS Manager will give a short situation/safety brief using ICS form 215A as a resource (see appendix L)

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and provide Job Action Sheets to all staff members (see appendix H). Badging will be provided at this time.

- The SNS Management team will coordinate with the CDC Technical Advisory Response Unit (TARU) and ensure that transportation is provided for the team from the arriving airport to the RSS facility.

- The SNS Management team will coordinate with the Warehouse Manager to ensure that the minimum amount of floor space needed is available and free of obstructions.

- Time permitting, the RSS team will pre-designate container locations by color code and number sequence (see appendix I).

- The Technical Advisory Response Unit (TARU) will provide a complete copy of the received inventory to the SNS Management team. In turn, the SNS Manager will ensure that the operations lead and inventory control lead has an exact copy.

- SNS material will arrive in plastic enclosed, color coded, wheeled containers with a footprint of 43 inches by 60.5 inches and will be offloaded from tractor trailers. Loading docks are the preferred method of offload.

- A designated state official must sign for the custody of SNS assets before they may be used. See appendix E for a list of designees.

- A licensed DEA registrant must sign for the Schedule II – V controlled substances. However, if the designee is not present at the time of arrival, he may sign for the drugs at a later time. See appendix E for a list of designees.

- The SNS Manager will notify the chosen SNS distribution partner (see appendix D). At this time initial estimates of support will be discussed and agency doctrine will recall vehicles and personnel.

- Entry into the RSS facility will be controlled by an appointed security lead. An access roster will be available as well as badging guidelines (see appendix F).

**3. Phase Three: Storing (put-away).**

- Prior to vehicle offload, the quality control designee will obtain a list of materials received from the inventory control lead or the TARU designee.

- Materials received will be confirmed by the incoming quality control designee. Discrepancies will be provided to the TARU and inventory control lead.

- Picking staff will initially be used to store materials received. Material will be stored by color code and number sequence (see appendix I).

#### **4. Phase Four: Staging (picking).**

- The SNS Management team will receive apportionment guidance from the DPHHS EOC.

- Based on apportionment guidance, the inventory control lead will provide “pick-lists” to the picking lead and the outgoing quality control designee.

- Picking will occur in teams of two. One person will pick, the other will provide quality control. However, if the RSS site is hosted at a functioning warehouse, the standard operating procedures of the trained staff will supersede the picking and staging guidance in this chapter.

- Material will be staged by distribution hub in the outbound staging area.

- The outbound quality control designee will verify that the material is loaded on the proper distribution vehicle and that each driver has a copy of his inventory and a delivery map that reflects known road conditions.

- A complete list of all picked material with final destination will be provided to the SNS Management team at the end of each shift. Upon review, the SNS manager will provide the TARU with the verified copy.

#### **5. Phase Five: Recovery.**

- Based on feedback from the local EOCs, the DPHHS EOC will notify the SNS Management team when an event is considered over.

- The CDC has directed that certain items be returned upon completion of an event. Local health jurisdiction are responsible for accounting for the items marked with an asterisk (\*) and returning them to the RSS facility. Items for return include:

1. Specialized Cargo Containers\*
2. Refrigeration Systems\*
3. Unused medications that remained at the RSS facility and can be verified that they were temperature controlled
4. Ventilators\*
5. Portable Suction Units\*
6. Repackaging and tablet counting equipment (if there are any bulk requests)
7. Computer and communications equipment

CHAPTER 8: Receiving, Staging, and Storing (RSS) Assets

- An After Action Report (AAR) will be done at the completion of an event. The DPHHS EOC will collaborate with local EOCs and determine which partners are necessary to participate and provide a timeline for completion.

**f. Timeline** – The below timeline is a tool to help ensure that critical steps are not overlooked and to provide goals for RSS operations. **This is estimated guidance only.** Chronology of steps and the timeframes associated may easily vary from event to event.

N - 0015	Finalize decision of RSS site
N Hour	Federal approval is granted to deploy SNS material
N + 0015	Initiate RSS call-down roster
N + 0030	Alert SNS distribution point of contacts
N + 0050	Distribution plan is chosen
N + 0200	RSS team assembled
N + 0210	Situation and safety brief conducted
N + 0215	Operations lead assigns duties and shifts
N + 0220	Security is in place
N + 0230	RSS team has badging
N + 0245	TARU transportation coordinated
N + 0400	Floor space is clear and free of obstruction
N + 0430	Floor space is color coded
N + 0700	Inventory list is provided by TARU
N + 0900	Receive apportionment guidance from EOC
N + 1200	12 hour push package or managed inventory arrives
N + 1205	Transfer custody forms are signed
N + 1210	Vehicle Offload
N + 1210	1 <sup>st</sup> container verified by quality control designee
N + 1315	Containers stored
N + 1320	DEA registrant signs for Schedule II-V level drugs
N + 1330	Discrepancy list provided to TARU
N + 1345	Pick-lists generated
N + 1400	1 <sup>st</sup> pallet staged for distribution
N + 1430	Drivers are provided maps with weather conditions
N + 1500	1 <sup>st</sup> shipment passes QA; truck is loaded
N + Shift	Shipped material provided to SNS Manager

**g. Tasks to Warehouse Manager:**

1. Responsible for 100% accountability of material.
2. Ensure that warehouse is prepared to receive, store, and stage material.
3. Responsible for Picking and Shipping teams.
4. Oversees Quality Assurance and Inventory Control.

5. Coordinate all Service and Support needs to the DPHHS EOC.
6. Ensure RSS facility maintains a high level of sanitation.
7. Assist the SNS Manager with safety and security

**e. Tasks to DPHHS EOC.**

**1. Finance/ Administration will:**

- Assume responsibility for time recording, procurement, compensation, and cost analysis, tracking, and estimates.

**2. Planning will (pre-event):**

- Ensure that Job Action Sheets are prepared.
- Ensure a supply box of safety equipment and warehouse supplies are stocked and maintained for RSS operations.
- Ensure call-down rosters are frequently updated and tested.
- Develop and maintain all MOU's with RSS facilities.
- Maintain a list of personnel authorized to sign for SNS material.
- Coordinate transportation for the TARU team.
- Ensure that a safety briefing guidelines are prepared.
- Establish standards for shift-change briefs.
- Establish quality control measures.
- Ensure that an inventory control lead is trained and prepared to accept and track all SNS material received, shipped, and stored.
- Ensure that a certified DEA registrant will sign for all controlled substances.

**3. Logistics - Service and Support:** The State EOC will be the primary logistical support for RSS operations.

- **Food Plan:** RSS operation workers and TARU will be working two twelve hour shifts. Food plan will include one meal for 20 people per shift (staff and TARU). Bulk water will be provided.



CHAPTER 8: Receiving, Staging, and Storing (RSS) Assets

- **Supply and Re-Supply:** Requests for additional major end items (trucks, forklifts, etc) will be processed thru the State EOC General Staff.

- **Communications:**

- A. Ensure that three analog phone lines are dedicated to the TARU at the RSS facility.
- B. Ensure that one line is dedicated for use as a fax line.
- C. Dedicate two radios to the TARU team.
- D. Ensure that inventory control software is available and that the inventory control lead is trained.

- **Distribution:**

- A. Fuel will be obtained thru RSS warehouse standard operating procedures.
- B. Vehicle maintenance and recovery will occur as per the distribution partners standard operating procedures. Out of service major end items will be reported to the SNS Management team and relayed to the DPHHS EOC.

**f. Tasks to State Area Command - Command Staff.**

**1. Public Information Officer (PIO) will:**

- The PIO is located at the Emergency Operations Center and will advise the SNS Management team on public relations matters to include media and public inquiries, public information and warnings, rumor monitoring and control, and media monitoring.

- Coordinate clearly with proper authorities and disseminate accurate and timely information related to the incident.

- See Chapter 6 for the PIO plan.

**2. Security/Safety will:**

- Maintain a list of authorized personnel that will control access into the RSS facility.

- Ensure that badging guidelines are available at security checkpoint.

- Ensure that materials for badging RSS staff are available.

**g. Coordinating Instructions.** The following list applies to all volunteers and staff.

**1.** RSS support should arrive at the RSS warehouse wearing personal heavy duty protective footwear and work cloths. A pre-staged supply box will contain work gloves, earplugs, work vests, and badge holders. Additional personal protective equipment will be requested thru the DPHHS EOC.

**2.** RSS staff will bring valid identification (i.e. driver's license, military ID card, Student ID).

**3.** Shifts will be 12 hours plus the time it takes to conduct a shift change brief with rotating staff.

**4.** Sensitive materials must maintain a temperature between 58 – 86 degrees Fahrenheit.

**b. Tactical Communication methods at the RSS:**

**1. Primary voice** – Primary voice communication will be commercial telephone systems (i.e. digital or analog hard-wired or cellular telephones).

**2. Secondary voice** – Secondary voice communication will be thru satellite phones.

**3. Primary data** – Primary data communication will be thru existing commercial and state networking systems.

**4. Secondary data** – Alternate data communication will be thru the Public Health Communications Trailer.

## Chapter 9

# Inventory Control

**I. Situation:** To effectively address and event requiring Strategic National Stockpile (SNS) assets, the state must have the proper resources, in the proper quantities that a Point of Dispensing (POD) requires, in a configuration they can use.

**a. Purpose:** The purpose of inventory control is to record the receipt, storage location, orders, and all tracking issues associated with local health jurisdiction wants and needs.

**b. Objectives:** In this chapter, the state will:

- Outline who is responsible for apportionment
- Detail RSS and distribution control methods
- Introduce and explain the role of the Countermeasure Response Application (CRA)
- List all medical assets that must be returned to the CDC

### II. Mission:

**a. Inventory Control Mission:** The state will process SNS asset requests from local Emergency Operation Centers (EOCs), as well as track the type, quantity, location, and configuration of SNS assets on hand.

**b. SNS Mission:** To receive critical medical assets from the CDC during an emergency, deliver those assets to county and tribal authorities, and provide support to local efforts to dispense medical supplies to the general population.

### III. Operating Procedures:

**a. Apportionment:** Apportionment the decision to allocate a quantity of resources from a state facility to a local jurisdictions. Apportionment decisions ultimately rest with the DPHHS Emergency Operations Center. Input is gathered from the State Medical Officer and subject matter experts that may vary depending on the situation. The 12-hour push package no longer contains bulk pharmaceuticals that require repackaging. All pharmaceuticals come in 10-day-regimen, unit-of-use, labeled, childproof bottles.

## CHAPTER 9: Inventory Control

### **b. Receiving, Staging, Storing (RSS) and Distribution Inventory Control:**

The state has a responsibility to maintain accountability of all SNS assets from the time they are received to the time they are distributed to each local health jurisdiction. Once distributed to the local health jurisdictions, accountability of all assets belongs to the county or tribe.

1. In the event that the RSS facility chosen for SNS operations is a functioning warehouse, the facilities existing software may be used for inventory management. A sample computer file structure is located in appendix G and will be shared with each warehouse.
2. In the event that a RSS facility is not located in a functioning warehouse, or if the warehouse inventory systems are not compatible, the CDC developed RSS Inventory Tracking System (RITS) will be the software of choice. The state will ensure that a minimum of three people are trained on RITS software.
3. In the event neither RITS nor existing warehouse software is available, a tertiary method to maintain inventory control at the RSS will be an excel spreadsheet.
4. When an order leaves the warehouse, the driver must sign a transfer of custody form (see appendix J). An additional copy will be given to the driver in order to sign the materials over to the local health jurisdiction. Signed forms will be faxed or delivered to the SNS Management Team. Drivers will also notify dispatch operations of their completed delivery.
5. Once the local health jurisdiction signs for the materials, maintaining control and accountability of the assets is a local responsibility. Some materials must be returned at the end of an event and should be accounted for locally. Additionally, it is important for locals to account for medicines to ensure that they can place a re-supply order before their resources are depleted.

**c. Countermeasure Response Application (CRA):** The CDC has required that a Countermeasure Response Application be used to track dispensed vaccinations from the local level. The DPHHS Informatics section has done much work to incorporate the information into the Public Health Database. CRA is only intended to be used during major campaigns. The look and feel of CRA is similar to WIZRD (Web-based Immunization Registry Database) in order to reduce the learning curve for the end users.

1. Currently, the state lab uses hand written paper forms that can be scanned into a computer database, verified, and uploaded into functional lab databases. The Informatics Section is developing CRA with this same functionality. When going thru a POD, an individual would fill out a form created pre-event that would capture all necessary data for a mass dispensing operation. When leaving the POD, the form is collected, sent to DPHHS, scanned, and uploaded into a database allowing near-real-time dispensing information. The intent is to alleviate the data entry strain put on local health

CHAPTER 9: Inventory Control

jurisdictions during mass dispensing campaigns. Until CRA is operational, this function will be available to interface with WIZRD.

2. Additionally, CRA is intended to have an inventory component that will alert PODs and the DPHHS EOC prior to depleting critical resources. Until that time, the local PODs must provide resource status to their local Emergency Operations Center who is overall responsible for resource accountability. The local EOC will then notify the DPHHS EOC when shortages occur. Until CRA is operational, ordering more of a particular item must be done manually. Along with a transfer of custody form, the distribution driver will also be equipped with a SNS order form that local health jurisdictions can complete and fax or deliver to the local Emergency Operations Center.

**d. Recovering SNS assets:** There are specific items that the state must return at the conclusion of an event. Each local health jurisdiction is responsible for tracking the items marked with an asterisk (\*). The state will arrange for items to be returned via FEDEX or UPS after the event.

1. Items for Return:

- Specialized Cargo Containers\*
- Refrigeration Systems\*
- Unused medications that remained at the RSS facility and can be verified that they were temperature controlled
- Ventilators\*
- Portable Suction Units\*
- Repackaging and tablet counting equipment (if there are any bulk requests)
- Computer and communications equipment

## Chapter 10 Repackaging

**I. Situation:** Repackaging equipment is no longer a part of the Strategic National Stockpile (SNS) 12-hour push package. All pharmaceuticals in the push package come in a 10-day regimen, unit of use, labeled, childproof bottles. In the event that all SNS unit-of-use assets are exhausted, including the repackaging capabilities with the CDCs Managed Inventory partners, repackaging equipment can be requested along with bulk medical supplies.

**a. Purpose:** There *may* be some bulk items that arrive as part of Managed Inventory that may require the state to repackage. While the likelihood of repackaging is not great, it has not disappeared.

**b. Objectives:** In this chapter, the state will:

- Provide a plan in the event that re-packaging is necessary

### II. Mission:

**a. Repackaging Mission:** To ensure medical assets that arrive in bulk quantities will be repackaged for use at a local level.

**b. SNS Mission:** To receive critical medical assets from the CDC during an emergency, deliver those assets to county and tribal authorities, and provide support to local efforts to dispense medical supplies to the general population.

### III. Operating Procedures:

**a.** DPHHS is exploring opportunities to contract with pharmaceutical partners within the state that have the capability to repackage large quantities of bulk supplies. As contracts are developed, these operating procedures will be updated.

**b.** In the absence of repackaging contracts, the state will rely on the “Primary RSS Site A” as having the best suited equipment and staff available for this effort.

**c.** The call down roster that is maintained for the Primary RSS Site A will be used for repackaging rosters.

**d.** Training materials for this function will be kept with the RSS supply box.

## Chapter 11 Distribution

**I. Situation:** Distribution refers to the actions taken to deliver Strategic National Stockpile (SNS) materials from the state Receiving, Staging and Storage (RSS) site to a single drop point in each local health jurisdiction. Under certain circumstances this will be the county or tribes designated Point of Dispensing (POD).

**a. Purpose:** The state must coordinate with each county/tribe to identify all potential sites that may receive SNS assets. If there are multiple points of distribution in a jurisdiction, the county/tribe assumes the responsibility of further distribution. This chapter will identify the actions necessary to safely and efficiently distribute assets to county and tribal officials in a timely manner.

**b. Objectives:** In this chapter, the state will:

- Develop an operational plan that identifies distribution partners, resources, routes, and methods of delivery
- Develop procedures to track dispatched vehicles
- Incorporate inventory control requirements into distribution plans
- Incorporate the tactical communications needs
- Identify each jurisdictions drop point
- Provide guidance to counties/tribes if additional drop points are needed.

### II. Mission:

**a. Distribution Mission:** To safely and efficiently deliver critical medical supplies RSS facility to local health jurisdictions in a timely manner, while also maintaining positive control of all assigned inventory.

**b. SNS Mission:** To receive critical medical assets from the CDC during an emergency, deliver those assets to county and tribal authorities, and provide support for local efforts to dispense medical supplies to the general population.

### III. Operating Procedures:

**a. Distribution Partners and Plans.** The state has identified multiple distribution methods. A list of approved partners with approved plans is located in Appendix D. It is important to recognize that these distribution plans may need modified at the time of an event.

**b. Dispatch Procedures.**

1. The event will ultimately dictate dispatch procedures. Distribution partners have existing procedures to dispatch, maintain, and track all vehicle movements. The state will not provide guidance that will supersede existing policy. However, the distribution partner chosen at the time of the event will report the following information to the SNS management team:

- Time vehicle departed
- Type of vehicle departed
- Final delivery destination
- En-route delivery sites
- Time mission complete
- Vehicle control number
- Transfer of Custody Forms that collect the name of the individual who signs for the material at each drop point (can fax or returned to the SNS management team)

2. In the event that the chosen distribution partner does not have dispatch procedures in place, the SNS management team will assume the responsibility to dispatch and track vehicles. Dispatch information will be recorded on an ICS Form 214.

**c. Inventory Control Requirements.** When an order leaves the warehouse, the driver must sign a transfer of custody form (see appendix J). Additional copies will be given to the driver in order to sign the materials over to the local health jurisdiction. Signed forms will be faxed or delivered to the SNS Management Team. Drivers will also notify dispatch operations of their completed delivery at each site. The SNS Management Team will ensure that all vehicles departing the RSS have:

1. Vehicle Control Number
2. Transfer of custody form from the RSS to the driver (signed)
3. Transfer of custody form for the driver to sign assets over to the county or tribe
4. Map with directions to destination(s)

**d. Tactical Communication.** All vehicles must have the ability to maintain two-way communication at all time. This may be done with:

1. Two-way radio network
2. Satellite phone
3. Cellular phones (when coverage and situation allows)

**e. Maintenance/Security.** If a vehicle encounters problems during movement, (i.e. road closure due to weather, vehicle break down) the driver will immediately notify



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the dispatch coordinator. Additionally, if the situation demands elevated security, the Montana Highway Patrol will provide escorts for the delivery vehicles if possible.

**f. Jurisdiction Drop Points.** Each county/tribe must plan to receive SNS assets at a single point in the jurisdiction. If a jurisdiction has multiple PODs, the state will apportion the material at the RSS facility prior to distribution. Further distribution of material beyond the designated jurisdictional drop point is a local responsibility and must be reflected in local plans. However, if the event is of such a nature that state resources allow direct distribution, and if the county/tribe prefers, then the state will distribute the apportioned assets to their final destination. The state will maintain a list of county/tribe drop points, as well as all pre-designated POD locations (see appendix K). Information will be updated quarterly.

**g. Material Handling Equipment.** Each Jurisdiction Drop Point must be prepared to off-load SNS material that will be packaged on 4' x 4' pallets. Loading docks are the preferred method of offload. Each jurisdiction is expected to make arrangement to facilitate rapid and safe offloading of material.

**h. Badging of drivers.** Contracted partners will ensure that drivers have identification and are authorized to distribute materials. If the Department of Transportation is the lead distributor, drivers must have their state ID and valid driver's license prior to departing the RSS facility.

## Chapter 12

# Dispensing Oral Medications

**I. Situation:** Points of Dispensing (PODs) are the foundation of a dispensing campaign and are the most important part of a local Strategic National Stockpile (SNS) plan. Ideally, each county/tribe will be able to prophylaxis its entire population in 48 hours or less. Time begins when the Governor or his designee makes a formal SNS request to the CDC. Local health jurisdictions are responsible for POD operations.

**a. Purpose:** Dispensing is the responsibility of each county/tribe. Typically, dispensing will occur from a POD and is intended to prophylaxis a population. Individuals seeking treatment for an illness should go to a treatment center (i.e., hospital, clinic).

**b. Objectives:** In this chapter, the state will:

- Provide guidance on POD facility considerations
- Provide goals and expectations for county/tribe POD operations
- Relay CDC policy and planning considerations
- Provide guidance for Memorandums of Understanding (MOUs) for counties/tribes to enter into agreements POD
- Provide guidance on who is authorized to dispense medications
- Ensure that counties/tribes are aware of CRA opportunities and describe assistance that is available from the state for inputting patient data
- Explain volunteer opportunities that may assist staff recruitment

## II. Mission:

**a. Dispensing Mission:** The state will provide guidance for local health planners to dispense oral medications to an entire jurisdictions population in need of prophylaxis in 48 hours or less.

**b. SNS Mission:** To receive critical medical assets from the CDC during an emergency, deliver those assets to county and tribal authorities, and provide support to local efforts to dispense medical supplies to the general population.

**III. Operating Procedures:** To meet a 48 hour dispensing goal, local planners must prepare to respond to a worst case scenario. It is easier to scale back than it is to ramp up. Locals should allow for a wide degree of flexibility in their plans.

## CHAPTER 12: Dispensing Oral Medications

**a. POD Facility Considerations:** The POD is the foundation of a dispensing campaign. Appendix K is a facility checklist that is a comprehensive overview of items to consider when choosing a POD. It is **not** intended to be a tool that measures a pass or fail status of a POD. It is intended to assist local planners when keeping track of what resources are available at a given site. Each potential POD must have its own facility worksheet and should be completed and submitted to the State SNS coordinator as a part of each county/tribes SNS plan.

### **b. POD Goals:**

1. Prophylaxis of an entire population in 48 hours is an incredible undertaking. For planning purposes, we must make several *assumptions*.

- PODs are operational 24 hours a day
- Population is equally distributed among all PODs
- PODs perform at 100% capacity at all times
- There is a constant, static throughput at each POD
- Staffing is constant and adequate
- The population can physically come to a POD

2. The following formula may be useful when determining the number of PODs needed in your jurisdiction:

$$\text{Total Population} \div (\text{Hours to Provide Prophylaxis} - \text{Set up Time}) \div \text{Patients Per Hour} = \text{PODs}$$

For example, a jurisdiction with 25,000 people with a 48 hour prophylaxis goal, a staff that could set up a POD in 10 hours and the ability to move 320 people thru their POD in one hour would be:

$$25,000 \div (48 - 10) \div 320 = 2 \text{ PODs}$$

This formula intended as a tool that may assist local jurisdiction in their planning process. If geography, staffing, or other considerations deem this method unrealistic, county/tribes must recognize it in their plans and adapt to a system that will work for them.

3. County/Tribes must also understand that “total population” must reflect residents, commuters, tourists, and visitors.

**c. Planning Considerations:** Choosing a site for a POD and developing the layout of the operation is at the discretion of each local health jurisdiction. Locations that maximize the use of public facilities may include public schools, universities, recreation centers, fire houses, polling stations, armories, or other National Guard buildings. Facilities should be easy to find, and commonly known areas of your community.

**1. Model:** POD models rely on four key functions for smooth operations:

CHAPTER 12: Dispensing Oral Medications

- **Intake.** Getting people into the POD and completing paperwork.
  - A. Traffic management
  - B. Greeting
  - C. Registration
  - D. Triage
  - E. Distribute health history forms
  - F. Reviewing forms for completion, legibility, accuracy
  - G. Routing patients to medication tables
- **Screening.** Sorting patients to optimize resources.
  - A. Screeners, Greeters, Roamers
  - B. Medical Transport
  - C. First Aid
  - E. Clinical Resources (physician or pharmacist)
  - F. Mental Health Counseling
- **Dispensing.** Preparing and delivering medications to the public.
- **Exit.** Moving personnel out of the POD and providing follow-up information.

**2. Security.** As described in the Security Chapter, PODs present the largest security challenge because they invite a potentially scared population to their facility. Criteria for local considerations are included in Appendix O.

- Local plans should consider the following:

- A. Traffic control for vehicles
- B. Crowd control (orderly movement thru the POD)
- C. Protection of staff and equipment
- D. Controlled entry into the POD
- E. Badging staff and volunteers

- While uniformed law enforcement is ideal for security, keep in mind that the situation may warrant their presence elsewhere. T-Shirt security armed with a two-way radio is a technique for locals to keep in mind when planning security for PODs.

- For security reasons, the receiving area of the POD should be kept out of direct site of the public. Delivery of SNS assets cannot be left unaccompanied outside. A lockable, temperature controlled storage area is preferred for material that is not staged on the POD floor for immediate use.

**3. Additional Considerations.** When planning, setting up, and conducting POD operations, local health jurisdictions may find it helpful to keep the following in mind.

- Method for PODS to request materials from their local EOCs
- Identify how many PODs are needed
- Methods to alert the public and get them to a POD
- Methods to alert health care providers
- Availability of staff and supplies
- Staff and volunteer training
- Crowd control
- Medical consultation
- Duties of staff and volunteers
- How will Pharmaceutical/SNS assets be transported to PODs
- Medical information sheets
- Clinic layout
- Different lines for individuals vs. families
- Security
- Investigational New Drug (IND) forms if needed
- Tactical communication needs
- Inventory control
- Active surveillance
- Keeping the media informed
- Gather lessons learned
- Document the event

**d. MOU Guidance:** One important pre-event arrangement that must be in place is a MOU between your county/tribe and the facility that may potentially serve as your POD. Written agreements are necessary documentation for federal disaster reimbursement under a Stafford Act declaration. Counties/tribes will send a copy of signed MOUs to the state SNS Coordinator when annually updating local SNS plans. MOUs can be found in Appendix C and should include discussion on:

1. Immediate use of the facility during an event
2. Periodic inspection of the facility prior an event
3. Both day and night contact information
4. Financial compensation agreement (if any)
5. Liability or indemnification issues
- 6 Authority for use during exercise

**e. Dispensing Guidance:** The DPHHS EOC in conjunction with the local EOC will develop dispensing guidance for local health jurisdictions based on the event. This may include quantity of doses, duration, and other critical information. As outlined in Chapter 1, the prescribing authority can be modified during an emergency. All licensed medical practitioners who have a relationship with dispensing medications are potential candidates to dispense at a POD.

Also mentioned in Chapter 1, the number of doses that an individual will be allowed to pick up will be determined at the time of the event based on availability. However, if

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medication availability is not an impeding issue, each individual over the age of 18 may pick up as many as five doses of medication, unless their immediate family is greater than 5 minors. In such an event, medication for all family members can be picked up. The names of recipients of the medication will be collected at each POD along with the name of the person picking up the medication.

**a. Special Populations.** Local plans must also include agreements with special population groups whenever possible. The list below is not intended to be all-inclusive but rather a starting point for local health jurisdictions when considering what special needs their community may have. Each county/tribe should consider dispensing methods for groups that may include:

1. Inmates of correctional facilities (jail, prison, juvenile detention)
2. Nursing homes, assisted living, long-term care facilities
3. Workers at large industries
4. Hospitalized patients
5. Home-bound or shut-in's
6. Homeless

**f. Data Collection:** The CDC has required that a Countermeasure Response Application be used to track dispensed vaccinations from the local level. The DPHHS Informatics section has done much work to incorporate the information into the Public Health Database. CRA is only intended to be used during major campaigns. The look and feel of CRA is similar to WIZRD (Web-based Immunization Registry Database) in order to reduce the learning curve for the end users. Chapter 9 describes inventory control methods greater detail.

**g. Staff Recruitment:** Many staff may be needed to successfully operate a POD. It is likely that local health planners will need a mixture of professionals, volunteers, and support staff that is familiar with the facility.

1. Possible sources for professionals.
  - Commercial pharmacies
  - Board of Medical Examiners
  - Professional Associations
2. Possible sources for volunteers.
  - Universities and churches
  - Civic and fraternal organizations
  - Walk-in volunteers
3. Facility support staff.
  - School staff
  - Polling place volunteers

## Chapter 13

### Treatment Center Coordination

**I. Situation:** In a Strategic National Stockpile event, public information campaigns will include messages for both healthy and ill people. Points of Dispensing (PODs) should not be a gathering place for symptomatic or sick individuals and are not to be considered “treatment centers.” Individuals seeking treatment must go to their local hospital, acute care clinic, or other designated site.

**a. Purpose:** Prior to an event needing SNS assets, each county/tribe must identify potential treatment facilities in its jurisdiction. Coordination must be done prior to an event that will determine how to best serve the general public. Understanding the capability of area clinics and hospitals will ensure that the public receives the right message on where to seek help. Additionally, local SNS planners need to ensure that health workers and hospital staff work collaboratively when planning SNS response activities.

**b. Objectives:** In this chapter, the state will:

- Explain the role treatments centers fulfill in SNS operations
- Introduce additional resources available

#### II. Mission:

**a. Treatment Center Mission:** Local Health Jurisdictions will interface with Treatment Centers in their jurisdiction and ensure that avenues to request additional support during an emergency are established.

**b. SNS Mission:** To receive critical medical assets from the CDC during an emergency, deliver those assets to county and tribal authorities, and provide support to local efforts to dispense medical supplies to the general population.

**III. Operating Procedures:** Much like a POD, a treatment center may require assets that are available from the Strategic National Stockpile. Local health jurisdictions must coordinate with treatment centers prior to an event in order to understand their capacity and potential needs. Requesting assets for either a treatment center or POD will be processed through the local Emergency Operations Center.

**a. Planning Requirements.** As a part of local SNS plans, counties/tribes will maintain a list of hospitals and acute care clinics in their jurisdiction. Local collaboration

CHAPTER 13: Treatment Center Coordination

is important in order to understand the capability of each treatment center, and what possible shortfalls each may face.

1. Local planners must identify individuals at the hospital or acute care clinic who are authorized to locally request SNS material from the county/tribe EOC. Contact information must be reviewed quarterly.

2. Local SNS plans must include procedures for treatment centers to request SNS materials. This is a process that must take place on a county/tribal level and should not be a direct request to the state. County/Tribe request procedures are documented in Chapter 3. Locally, treatment centers must be trained on request procedures. Annually, treatment center request procedures will be exercised.



## Chapter 14

### Train, Exercise and Evaluate

**I. Situation:** As part of the Public Health Emergency Preparedness (PHEP) grant application, as well as the Phase II Pandemic Flu grant application, there are specific training, exercise, and evaluation (TEE) requirements that must be met in order to receive funding.

**a. Purpose** Training, Exercise, and Evaluation (TEE) is an effective way to ensure that plans written on paper are feasible in a medical emergency. Training is the responsibility of the state as well as the county. However, they should always work in concert with one another

**b. Objectives:** In this chapter, the state will:

- Describe state level training events, timeframes, and expectations
- Provide guidance for county level training events, timeframes, and expectations

#### II. Mission:

**a. TEE Mission:** To outline training, exercise, and evaluation (TEE) requirements in order to better prepare the state and local health jurisdictions for a public health emergency.

**b. SNS Mission:** To receive critical medical assets from the CDC during an emergency, deliver those assets to county and tribal authorities, and provide support to local efforts to dispense medical supplies to the general population.

**III. Operating Procedures:** This year's focus will primarily be aimed at allowing the counties and tribes to fully develop a comprehensive SNS plan. Some jurisdictions have already developed comprehensive SNS plans and are prepared to exercise. By the end of the grant period, all local health jurisdictions should have a mature plan in place and must be prepared to exercise and evaluate POD operations within the following year.

#### **a. DPHHS Training Responsibilities:**

- Annually, DPHHS will:

1. Ensure that all state partners associated with SNS planning are trained, and understand their role in SNS Operations.

CHAPTER 14: Train, Exercise and Evaluation

2. Ensure that each health jurisdiction understands what is required in their local SNS plans and how they will interface with their neighboring jurisdictions and with the state.
3. Train a minimum of 3 people on RSS Inventory Tracking System (RITS).
4. Conduct a meeting with all coordinating agencies to review the current SNS plan.
5. Offer PIO and POD training for counties/tribes.
6. Provide U.S. Marshalls representative with the SNS Security Plan.
7. Maintain MOUs to reflect current, accurate information.

**- Quarterly, DPHHS will:**

- Review, update, and test the SNS Team Management roster
- Review, update, and test the SNS Key Contacts roster
- Review, update, and test the RSS Call Down Roster
- Update state rosters with required local quarterly/annual information listed below.

**b. Local Training Responsibilities:**

**- Annually, local health jurisdictions will:**

1. Submit a mature SNS plan to the State SNS Coordinator.
2. Include POD facility worksheet in local SNS plans.  
(See Appendix K)
3. Maintain local MOUs to reflect current, accurate information.
4. Ensure that all county/tribe partners associated with SNS planning are trained and understand their role in SNS operations.
5. Ensure all PODs have a security plan.
6. Ensure treatment centers are trained in SNS request procedures

7. Ensure that a minimum of two people are identified to receive training on CRA.

**- Quarterly, local health jurisdictions will (Included with Quarterly Progress Reports):**

1. Ensure accurate distribution drop point information is maintained and provided to the State SNS Coordinator
2. Ensure accurate public information officer contact information is maintained and provided to the State SNS Coordinator
3. Ensure primary SNS Contact Information is accurately maintained with the State SNS Coordinator

**c. State SNS Training Book:** The State SNS Coordinator will maintain a State level SNS Training Book. All SNS training conducted by the SNS coordinator will contain:

- Course Objectives
- Target Audience
- Training Schedule
- Sign-in sheet for each training
- HSEEP Exercise Plans when necessary
- After Action Reports for all training events